Purpose of briefing
The areas of practice that occupational therapists are now involved in and the activities that they perform are growing in number and diversity. It can occasionally be difficult for practitioners to identify whether an activity, in terms of intervention, should be called ‘occupational therapy’ or not. This briefing describes the Royal College of Occupational Therapist’s (RCOT) definition of the scope of occupational therapy practice. This briefing will also be used by the providers of RCOT’s Malpractice and Professional Liability and Public and Products Liability insurance as a reference point regarding the scope of occupational therapy practice when answering enquiries relating to insurance cover.

Defining the scope of practice
In the past, RCOT would have differentiated between those activities within the scope of occupational therapy and those that extended the scope beyond the use of the core skills of occupational therapists. This line was required primarily to define which activities would be covered (or not) by the insurance offered to members of the British Association of Occupational Therapists (BAOT)/RCOT.

Since then it has become apparent that this way of identifying the core skills of occupational therapy is no longer adequate for the purposes of professional training and the increasing diversity of practice.

At the heart of occupational therapy is the belief that the ability to participate in meaningful occupation is fundamental to health and wellbeing, and that occupation in itself has therapeutic value. From this it can be said that the core skills of an occupational therapist is the focus on the assessment of occupational needs and the facilitation of occupational performance/engagement. Thus any activity that an occupational therapist uses or does therapeutically, in order to enable or enhance occupational performance, may be considered within the professional scope of practice. The practitioner concerned must be able to demonstrate that their professional rationale for any activity or intervention is the enhancement of health and wellbeing through the promotion of occupational performance/engagement. A number of activities or interventions that were once considered ‘extended scope’ would now be seen as part of the diversity of occupational therapy practice, providing the practitioner concerned can meet this requirement to demonstrate their professional rationale for the given activity.

If a member can meet this requirement in their practice, the professional body insurance would cover their work, providing they were within a membership category that includes insurance cover. If the activities or interventions they use have no basis in occupational performance/engagement, cover would not be provided.

The Health and Care Professions Council (HCPC) Standards of Proficiency - Occupational Therapists (2013) is a key document as it describes the baseline knowledge of skills that every occupational therapist must have, and is an important reference point regarding the scope of occupational therapy for practitioners.
The HCPC recognise the changing nature of a practitioner’s scope of practice, defining it as:

‘the area or areas of your profession in which you have the knowledge, skills and experience to practise lawfully, safely and effectively, in a way that meets our standards and does not pose any danger to the public or to yourself’.

‘We recognise that a registrant’s scope of practice will change over time and that the practice of experienced registrants often becomes more focused and specialised than that of newly registered colleagues. This might be because of specialisation in a certain area or with a particular client group, or a movement into roles in management, education or research’. (HCPC 2013, p4).

**Professional registration**

An occupational therapist must be registered with the Health and Care Professions Council (HCPC) in order to use the title and to practise. In order to register and maintain their registration, practitioners must read and agree to abide by the HCPC standards and requirements. They do this by making a professional declaration that:

- they have continued to practise their profession since their last registration (or have met the return to practice requirements);
- they have continued to meet the HCPC standards of proficiency for the safe and effective practice of their profession;
- there has been no change relating to their good character;
- they have continued to meet the HCPC standards for continuing professional development; and
- they have (or will have) an appropriate professional indemnity arrangement in place when they practise.

The HCPC take a very broad understanding of ‘practising your profession’ as ‘drawing on your professional skills and/or knowledge in the course of your work.’ They state that the practitioner must make a personal decision about whether they are doing this. Education, management and research are seen as part of practice, as are voluntary, periodic, part-time roles and those less distinct, but related to the profession, where the practitioner is using their professional skills in some capacity (HCPC 2017, p8).

Occupational therapists who are in generic/general manager roles can therefore still register with HCPC, their ‘service users’ are their staff/others they work with, and they can consider how they enhance the occupational performance of the people they work with e.g. empowering others/staff development/service improvement.

**Therefore, an occupational therapist does not have to be in a post with the job title ‘occupational therapist’ in order to practice their profession/meet HCPC registration requirements.**

**Insurance**

The RCOT Malpractice and Professional Liability and Public and Products Liability insurance covers the practice of occupational therapy as detailed above – if you are drawing on your professional skills and/or knowledge in the course of your work, then you can declare that you are practising your profession. If you can demonstrate that your professional rationale for any activity or intervention is
the enhancement of health and wellbeing through the promotion of occupational performance/engagement, the BAOT/RCOT insurance will provide cover.

Please note: the above insurance covers ‘Professional’ members of RCOT (working at any age) and not members in the ‘Retired’ category. A retired member is defined as someone who no longer practices as an occupational therapist but who has previously been an occupational therapist professional member of the RCOT for at least one year.

Competence
RCOT’s Code of Ethics and Professional Conduct states:

You must only provide services and use techniques for which you are qualified by education, training and/or experience. These must be within your professional competence, appropriate to the needs of the service user and relate to your terms of employment. COT (2015), section 5.1

This means that, whatever the activity or intervention being used, the practitioner must be demonstrably competent to use it; that the activity must be appropriate to the assessed needs of the service user; and that the activity is recognised by the employer as appropriate to the reason for the practitioner’s employment. It is advisable to confirm that the employer’s vicarious liability insurance will cover the activity being used.

Where an occupational therapy practitioner recognises that a particular intervention or activity is required that is outside of their normal scope of work or level of competence, they must refer the service user on to the most appropriate professional to provide the service. They must not attempt to provide any intervention for which they are not currently qualified by education, training or experience.

An occupational therapist should not be asked to carry out an activity that they are not competent to do, unless adequate training and support is provided. They have the right to refuse such a request if they feel that they are not competent to undertake the task required.

Where the practice of an occupational therapist is unusual or diverse, the support required for safe and effective practice may not come from another occupational therapist, but someone who has the necessary skills, knowledge and experience in the given activity.

Any practice should be underpinned by research and best available evidence where possible.

Frequently asked questions
The Professional Practice Enquiries Service is regularly contacted by RCOT members regarding scope of practice. Members enquire whether the intervention they wish to provide/are providing can be considered to be part of their occupational therapy practice and if so, would the RCOT Malpractice and Professional Liability and Public and Products Liability insurance provide cover.

The response to enquiries such as these always focuses on whether the intervention the occupational therapist:
- focuses on enhancing/maintaining occupation for the person they are working with
- uses their occupational therapy knowledge, skills and experience
- is professionally competent to carry out the intervention.
Examples:

- If you are trained and competent to deliver cognitive behavioural therapy (CBT) and you are using this as a tool to enable people to continue participating in their occupations, you can demonstrate that you are working within the occupational therapy scope of practice.

- If you are expected to take on ‘generic’ duties such as completing a physical health check (and are trained and competent to do so), you can still demonstrate that you are working within the occupational therapy scope of practice, if your main interventions are occupation-focussed. Monitoring people’s blood pressure or weight maybe an important element in maintaining/improving their health and their ability to participate in daily life. Minimising handoffs is more person-centred and cost effective.

Conclusion
The increasing diversity and breadth of occupational therapy practice is observable, with growing numbers of role-emerging posts (providing an occupation-focussed service in a new area of practice, e.g. care homes); non-traditional posts (working outside of traditional health and social care services, e.g. charities) and providing a non-traditional occupational therapy role in a traditional setting, possibly using more aspects of occupational science.

There may be a potential risk in diversification of losing the professional identity, but with a strengthening of the focus on meaningful occupation, this broadening of the range and application of occupational therapy may be seen as a positive opportunity.

Further reading

College of Occupational Therapists (2014) Learning and development standards for pre-registration education. London: COT. Available at: https://www.rcot.co.uk/practice-resources/rcot-publications/member/education-and-development

Royal College of Occupational Therapists Improving Lives, Saving Money Campaign. Available at: https://www.rcot.co.uk/promoting-occupational-therapy/occupational-therapy-improving-lives-saving-money

Royal College of Occupational Therapists Occupation centred practice briefing. Available at: https://www.rcot.co.uk/practice-resources/occupational-therapy-topics/scope-practice

Royal College of Occupational Therapists Tax relief and insurance for RCOT members. Available at: https://www.rcot.co.uk/about-us/join-us/membership/tax-relief-and-insurance-rcot-members

Royal College of Occupational Therapists Occupational therapy and complexity: defining and describing practice. Available at: https://www.rcot.co.uk/node/1203
References


Health and Care Professions Council (2017) *Returning to practice*. London: HCPC. Available at: https://www.hcpc-uk.org/registration/returning-to-practice/

All links accessed on 29.9.20